

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000046582



1. Entity Name  
OUTSOURCE PLAZA, INC.

Principal Place of Business  
2328 10TH AVENUE NORTH #401  
LAKE WORTH, FL 33461

Mailing Address  
2328 10TH AVENUE NORTH #401  
LAKE WORTH, FL 33461

04001134

**DO NOT WRITE IN THIS SPACE**

03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0758476	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  
STEIN, CHARLES  
2328 10TH AVENUE NORTH #401  
LAKE WORTH, FL 33461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE ST  
NAME STEIN, CHARLES  
STREET ADDRESS 2328 10TH AVENUE NORTH #401  
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE P  
NAME UDWIN, DENNIS  
STREET ADDRESS 2338 10TH AVENUE N STE 401  
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 561-533-0344

Date

Daytime Phone #